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Nursing News: January 2003

St. Cloud Hospital

♥ NURSING NEWS ♥

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Nursing News Guidelines

Nursing News is a publication for nurses whereby information is obtained and shared with and by other nurses. This paper is required reading for all nurses in the CentraCare Corporation. In order for this paper to function the way it is intended, some guidelines need to be established. They are as follows:

Information that is appropriate:

- Information that nurses need to know (i.e. New/revised Policies & Procedures, etc.)
- Articles written by other nurses
- Information regarding medical staff
- Upcoming educational opportunities
- Individual nursing accomplishments

Information that is not appropriate:

- For sale items
- General information that can be shared through the Internet, Today or Beacon Light, etc.

Submitted by:
Elaine Thyen
Ambulatory Services

New Women's Health Library

Do you or your patients have questions related to women's health? The St. Cloud Hospital Women's Specialty Center at the CentraCare Health Plaza has a dedicated library for medically approved women's health information. The library offers reading material and videos, plus Internet access to health-related Web sites. Materials can be checked out. The library is free and open to the public. Please call ext. 74918 for hours.

Submitted by:
Darla Mergen
Communications

Turn off TV Violence (Part 1)

By David Sweet and Ram Singh
Office of Educational Research & Improvement

During the winter months, its easy to rely on the television to entertain our children and keep them occupied. The National Association of Elementary School Principals (NAESP) has offered these suggestions to parents:

1. Set an example: Don't leave the TV on all the time, even when you're eating or engaged in other activities. Select specific programs for information or entertainment, and don't watch "adult" programs when children are present.

2. Don't use TV as a baby-sitter: Keep interesting items handy as an alternative to TV, such as jigsaw puzzles, board games, crayons, pencils, paper, books and magazines.

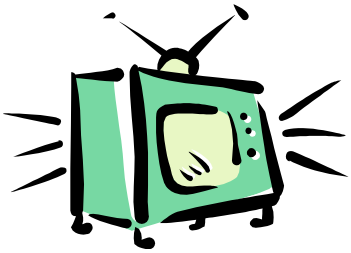
3. Reject all other violent "media": Make it a family rule that violence has no place in your home, whether on videotapes, video games, radio programs, music lyrics or reading materials.

4. Schedule daily activities: Teach your child to plan a daily after-school schedule in which TV fills only a small block of time, or perhaps none.

5. Plan a weekly TV schedule: Sit down each week with your child and choose suitable children's and family programs from the weekly TV listings.

Stay tuned for the next newsletter for more suggestions!

Submitted by:
Marilyn Keith and Eileen Bitzan
Hospital Advocacy Office



Patient & Kiosk Internet Access and Information Systems Support

The Information Systems Help Desk has experienced calls directly from patients and visitors. As we continue to roll out kiosk units to the different departments, we feel this is a good time to inform staff of the process to take when a patient and visitor experiences a problem with a PC.

At times the patient or visitor may be using their own PC or a PC (kiosk) we have placed on the unit. The Information Systems area would like to request that staff do not give the Information Systems Help Desk number out to patients or visitors. We request that only hospital staff call the Help Desk for PC related problems.

If a patient or visitor presents a staff member with problems, we request that the staff member take the information down from the individual and personally place the call to our Help Desk. Please instruct the patient that we will try our best to respond but it may not be immediately.

At this time the Information Systems department does not have the resources to respond immediately to patient internet issues since these type of problems do not directly affect patient care. We thank you in advance for helping us address these requests.

Thank you,
Chuck Dooley
Vice President, Info. Services

PICC QUESTION AND ANSWERS

Many caregivers continue to have questions regarding PICC's. The following are some frequently asked questions and answers. Hopefully this will be helpful to you.

1. ***Does a PICC require consent?*** Yes, PICC's are considered and invasive procedure, therefore requiring consent. The Imaging RN's will be happy to obtain this for patients who are able and competent to sign their own consent. For the patients who are not able to sign his or her own consent, the patient's primary nurse should do this prior to the patient being transported to Imaging.

2. ***Will patients receive sedation for a PICC?*** Sedation is not routinely given for PICC insertion. The procedure is similar to having a peripheral IV started, with the exception of a sterile field and the use of fluoroscopy. A local anesthetic is given at the insertion site. If your patient requires anxiolytics for extreme anxiety, please obtain this order from the patient's primary physician.

3. ***Does the patient need an IV?*** The radiologists whom are placing the PICC's prefer using an IV contrast venogram to map out the patient's deeper veins, which aids in obtaining venous access. Please leave IV's in place as this aids in contrast administration. If the patient does not have an IV, the Imaging RN's will attempt to start one. If we are unable to place an IV, the patient prefers no further attempts or there are contraindications for contrast administration (contrast allergy, renal failure, etc.) the PICC will be placed using ultrasound guidance.

4. ***How long does PICC insertion take?*** The procedure usually takes about 10 – 15 minutes, however, it may take longer for difficult cases. There is additional time required for the Imaging RN to pre-assess, and to apply the dressing. The patient may be off the unit 45-90 minutes including transport time.

5. ***How are patient's positioned during PICC placement?*** The patient requiring a PICC will need to lie flat for the procedure on the x-ray table. If you assess that your patient may not be able to lie flat for the procedure related to pain, respiratory compromise, anxiety, hemodynamic instability, or restlessness, please medicate appropriately (analgesics, anxiolytics, respiratory inhalers nebs, etc.), or ensure stability prior to the patient'' transport. Please assess to endure your patient is safe to be off your unit.

6. ***Which is better, a single or double lumen PICC?*** In general single lumen catheters are better because there is one large lumen, rather than two small lumens. The infection rate is less in the single lumen catheters, because there was only one entry port for infusion and flashing. The higher infection rate is thought to be due to increased handling associated with having to flush two lumens. It is easier to draw blood from the single large lumen.

The single lumen is also less prone to occlusion. About the only indication for double lumen PICC's are TPN, and multiple simultaneous IV medications.

The Imaging RN assesses each patient prior to the PICC being placed. We look for the indication (multiple IV medications, chemotherapy, TPN, blood administration, long term IV antibiotics, and caustic medication). Please ensure the ordering physician documents for indications and preferred size.

7. ***What should I do if the PICC is occluded?*** Please flush well after intermittent medications, blood draws, and medications that readily precipitate (mannitol, Dilantin). The flushing policy states 5 ml of NS after medications. You may increase the for intermittent medications. And should be flushed with 10 ml of NS after blood draws. Once blood is drawn back into the catheter it takes very little time for a clot to develop along the entire length of the PICC, if it is not flushed promptly.

   There is a section in the policy manual for declotting a PICC. In the event this is unsuccessful, please have the primary physician order a PICC replacement. DO NOT take the existing PICC out. The radiologist can usually place a new PICC using the same site by using a peel away sheath to maintain access. This may save your patient an additional IV/PICC access stick, an d contrast administration.

8. ***Why aren't PICC's sutured in place?*** PICC's are not sutured. There is a decreased infection rate associated with the absence of stress. Catheters may migrate with normal use. At the time of initial placement, the tip of the catheter is advanced to the distal 1/3 of the superior vena cava for optimal function. If when doing your daily measurements, you find a few centimeters difference in catheter length, this will not affect the overall function of the catheter, as the tip should be in the SVC or the subclavian vein. If a greater length has been pulled out notify the physician, as a replacement may be needed. Please do not withdraw the Picc completely, as a replacement may be completed with a peel away sheath exchange technique. Please ensure the catheter and tubing is well secured on disoriented and restless patients.

9. ***What should I do if the catheter is leaking?*** Ensure a sterile environment. IV medications and fluids many need to be stopped or changed to a different port. Notify the physician, as a replacement may be required. Single lumen PICC's may occasionally be repaired. Repair kits are sent with each patient after PICC insertion. Please do not remove the existing PICC. The Nursing Supervisors and the Imaging RN's are able to assess and repair PICC lines.

10. ***What are my resources for PICC?*** The patient care manual in the CentraNet provides guidelines for flushing, dressing changes, measurement, blood administration, blood draws, occlusions and declotting and general care. The Imaging RNs, Sue Omann, and the Nursing Supervisors are always willing to assist you. You may contact the Imaging RNs at Ext. 54295.

In order to provide prompt service, please plan ahead (as much as possible) for PICC placement. We are happy to provide PICC service to our patients.

HAPPY NEW YEAR! 2003

Adult Electrolyte Replacement Protocol

The protocol is available from Distribution and will be implemented the second week of January 2003.

The Adult Electrolyte Replacement Protocol authorizes the nurse to monitor serum magnesium, potassium, and ionized calcium levels, order electrolyte supplementation and follow-up serum levels to evaluate therapy. The protocol may be used by any physician and once ordered will be in effect until discontinued by a physician.

The protocol is limited to adult patients whose serum creatinine is less than 1.5 mg/dL reported within 24 hours of electrolyte replacement. If serum creatinine equals or exceeds 1.5 mg/dL the nurse will need to contact the physician for authorization to proceed.
If no serum creatinine is available, or serum creatinine is greater than 24 hours old, the nurse will order a serum creatinine.

Once the protocol is ordered an entry will be made on the Medication Administration Record indicting "Adult Electrolyte Protocol".
Orders generated from the protocol will be written on a standard Order Sheet.

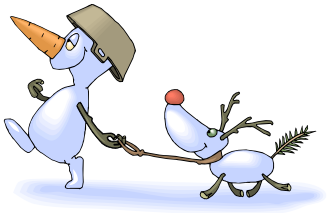
The following format should be used when ordering serum levels or electrolyte replacement.

Example:

Serum Creatinine 1.1 mg/dL; Serum K^+ 3.1 mMol/dL

1. KCL Liquid 20 mEq po every 4 hours x 2 doses.
2. Recheck serum K^+ 1 hour following last dose
3. Serum K+ in AM
   Per Electrolyte Replacement Protocol;
   Dr _____/_____RN

If you have any questions please contact:
Arne Tilleson, RPh
Clinical Coordinator, Pharmacy
Ext. 54084; Pager 89-0277



Congratulations to the Following Who Have Achieved or Maintained Their Level III Clinical Ladder Status!

Level III's

Lisa Lindberg, RN — KDIP
- *Hepatitis – Bloodborne Pathogen Modules*
- *Grand Round*
- *Revised Initiating Dialysis Booklet*
- *Teaches Peritonea Dialysis Patient Classes*
- *CPCC/CNP*
- *Ethics Committee*
- *CNN*

Kristy Lynch, RN — Telemetry
- *Education Day:*
  - *Dose Mode*
  - *Biphasic Defibrillator*
- *Agilent Monitor*
- *Preceptor*
- *PI Committee*

Terri Nicoski, RN — Family Birthing Center
- *Revision C. Section Checklist*
- *Omnicell Supervisor*
- *Preceptor*
- *Clinical Ladder Representative*

Joann Spaulding, RN — Telemetry
- *Basic EKG Classes*
- *Preceptor*
- *Temporary Pacer*
- *EECP Module*

Elaine Thyen, RN — Ambulatory Service
- *Nursing News Article Guidelines*
- *Discharge Instructions for IV Infusions*
- *GI Discharge Instruction Revisions*
- *CNPC*
- *Ambulatory PI Committee*

Ronald Topinka, RN — Telemetry
- *Temporary Pacer Recertification*
- *Agilent Monitor*
- *Teleman Monitor*
- *Central MN Heart Center Practice Committee*
- *Education of Monitor Tech*

Kathleen Van Buskirk, RN — Ortho
- *Education Day:*
  - *Sedation*
  - *Bowel Protocol*
- *Brains and Bones*
- *Total Hip Classes*
- *Ortho Workshop Committee*
- *Nurse's Week*

Dena Walz, RN — Endoscopy
- *Mock Code*
- *Care of Patient Recurring Diagnostic Procedure*
- *Teamwork – Effective Communication*
- *Heart Stream XL Biphasic Defibrillator*
- *Clinical Ladder Representative*
- *CPR Instructor*

Melissa Winans, RN — Neurology
- *Care of Patient with Alcohol Addiction/Alcohol Withdrawal*
- *Trach Care Inservice*
- *Total Joint Class*
- *Preceptor*
- *Neuro Workshop Planning Committee*
- *Clinical Ladder Representative*
- *IV Therapy Inservice*